(c) the funds made available for providing basic facilities at block level for successful implementation of this scheme in BIMARU States?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) The Government proposes to introduce a new Scheme in the name of "Janani Suraksha Yojana" in near future. Besides the reduction of maternal & infant mortality, the scheme intends to protect female foeticide. Towards this, it aims at providing incentive to increase institutional delivery. The scheme will focus necessarily in those States/UTs where rate of institutional delivery is low. Modalities of the scheme are under finalization.

Shortage of drugs in Safdarjung Hospital

520. SHRI SURESH KALMADI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Safdarjung Hospital is running short of essential drugs which are of regular use for the patients and the patients are asked to bring them from the market;

(b) if so, the action being taken/proposed to be taken; and

(c) whether authorities of the Safdarjung Hospital had informed Government about the shortage earlier?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) No, Sir. There is no shortage of essential drugs which are of regular use of the patients, in Safdarjung Hospital. In case of non-availability of essential and life saving medicines, the same are also procured and supplied to the poor patients.

False reporting of sterilization targets

521. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that many instances of false reporting of sterilization targets by the units under the Family Welfare Scheme without actually performing the operations have come to Government's notice;

(b) if so, the details thereof and the system evolved to confirm that the sterilization operations have actually been performed;

(c) the amount involved in the false figures or fake operations in different States; and

(d) the steps taken to correct the records and to take action against the defaulters?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) From 1st April, 1996, the Family Planning Programme is being implemented all over India on the basis of Target Free Approach. The Govt., of India has introduced decentralized participatory planning approach and has abolished the centrally determined contraceptive related targets.

The Regional Evaluation Teams located at Delhi, Pune (defunct) Bangalore, Bhopal, Patna, Lucknow, Kolkata and Chennai are doing Sample Verification of Family Welfare acceptors (both qualitative & quantitative) including RCH beneficiaries. Each team is covering on an average of 700 acceptors of Family Welfare Programme in two adjoining districts per month. No false reporting of Sterilization targets were observed by these RETs in the selected districts of various States/UTs during the last three years.

Amendments in law to tackle fake drugs

522. SHRI NANA DESHMUKH:
DR. T. SUBBARAMI REDDY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are seriously considering changes in law to tackle sale of fake drug in the country;

(b) if so, whether the WHO has pointed out that 35% fake drugs are made in the country;

(c) whether one in every four drugs sold in Delhi is believed to be spurious and fake drugs accounts for Rs. 400 crores in the capital;

(d) whether according to WHO at present fake drugs markets is estimated to be worth Rs. 4,000 crore, about 20% of the drugs market;

(e) if so, whether Mashelkar Committee on spurious drugs and drug regulatory revamp has submitted its report to the Centre; and